



# Record Release Form

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Maryland 20782

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Website: [www.chelseaschool.edu](http://www.chelseaschool.edu)

Email: [information@chelseaschool.edu](mailto:information@chelseaschool.edu)

To Whom it May Concern:

You are hereby authorized to release my child's records to Chelsea School.

- ✓ Educational Assessments
- ✓ Speech Language Reports
- ✓ Psychological Evaluations
- ✓ Transcripts/Report Cards
- ✓ Occupational/Physical Therapy Reports
- ✓ Medical Records
- ✓ Behavioral/Incident Reporting

Other: \_\_\_\_\_

Chelsea School, for purposes of admission and continuing enrollment, is hereby authorized to

permit appropriate staff member(s) to contact any professional involved in the assessment,

education or treatment of

\_\_\_\_\_  
(Student's Full Name)

I give Chelsea School permission to contact any professional involved in the assessment education or treatment of (Student's name) \_\_\_\_\_ for any additional information, if necessary.

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

Completed forms should be submitted with the student's application  
or emailed to [ckadan@chelseaschool.edu](mailto:ckadan@chelseaschool.edu)